

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street)

655 Beach Street

☐Check if different  
than previously  
reported. (ACC)

San Francisco

CA

94109

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00196246

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2011

through

07

31

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Steven Rausch

Signature of Treasurer

Electronically Filed by Steven Rausch

Date

08

15

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2011</span>		353076.28
(b) Cash on Hand at Beginning of Reporting Period .....	265628.42	
(c) Total Receipts (from Line 19) .....	90114.62	288968.87
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	355743.04	642045.15
7. Total Disbursements (from Line 31) .....	35202.33	321504.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	320540.71	320540.71
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	W	Y
0	7	3	1	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	72046.61	233792.27
(ii) Unitemized .....	17703.01	54686.60
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	89749.62	288478.87
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	89749.62	288478.87
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	365.00	490.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	90114.62	288968.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	90114.62	288968.87

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	1202.33	16525.78	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1202.33	16525.78	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	34000.00	298500.00	
24. Independent Expenditure (use Schedule E) .....	0.00	3900.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	2578.66	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	2578.66	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	35202.33	321504.44	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35202.33	321504.44	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	89749.62	288478.87
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2578.66
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	89749.62	285900.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1202.33	16525.78
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1202.33	16525.78

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 74

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Eric Adams

Mailing Address 6315 N Center Dr  
Ste 230

City  
Norfolk

State  
VA

Zip Code  
23502-4006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 6 / 2 0 1 1

Transaction ID: 5C87460B-A257-4C77-

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Patrick Aiello

Mailing Address 275 W 28th St  
Attn: Marlene

City  
Yuma

State  
AZ

Zip Code  
85364-7308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 7 / 2 0 1 1

Transaction ID: AF3A627F5B33B9B3EB5

Amount of Each Receipt this Period

83.34

**C.**

Full Name (Last, First, Middle Initial)

Chad Anderson

Mailing Address 1811 W Royal Hunte Dr  
Ste 1

City  
Cedar City

State  
UT

Zip Code  
84720-8174

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 3 / 2 0 1 1

Transaction ID: F60281B23F8E245EF9C

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1448.34

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 74

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Reginald George Ariyasu

Mailing Address 3467 Stoner Ave

City

Los Angeles

State

CA

Zip Code

90066-2819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	8	/	2	0	1	1

Transaction ID: 9BBDC98609BFB9F14E6

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

David Auerbach

Mailing Address 790 Concourse Pkwy S  
Ste 200

City

Maitland

State

FL

Zip Code

32751-6114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	1	1

Transaction ID: 3C167CCA2162D46CCCC

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Steven Awner

Mailing Address 193 Viscount Dr

City

Williamsville

State

NY

Zip Code

14221-1771

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	1	/	2	0	1	1

Transaction ID: 23035D2975FAD433B46

Amount of Each Receipt this Period

199.00

SUBTOTAL of Receipts This Page (optional) .....

929.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 74

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Mayssa Aziz-Toppino

Mailing Address 1715 E Highway 50  
Ste A

City State Zip Code  
Clermont FL 34711-5187

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
07 07 2011

Transaction ID: FBA79911B9076BE1C13

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Tracy Baltz

Mailing Address 2900 N Fillmore St

City State Zip Code  
Little Rock AR 72207-2813

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 05 2011

Transaction ID: 5999D590CFEB26802F4

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Arthur Basham

Mailing Address 212 Oak Meadow Dr

City State Zip Code  
Los Gatos CA 95032-4407

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
07 08 2011

Transaction ID: 855A5E987FC648032D3

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

1730.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 9 / 74

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

J. Bateman

Mailing Address 1133 Race St  
Unit 17N

City State Zip Code  
Denver CO 80206-2874

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 3 / 2 0 1 1

Transaction ID: D571DB07106ED15801D

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

William Benevento

Mailing Address 777 Tanglefoot Ln

City State Zip Code  
Bettendorf IA 52722-1650

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 1 / 2 0 1 1

Transaction ID: 408C39F603CB6D0E5BB

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Terry Bergstrom

Mailing Address 1000 Wall St  
Wk Kellogg Eye Center, Rm 649

City State Zip Code  
Ann Arbor MI 48105-1912

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 1 1

Transaction ID: 5B010DCC6128498E933

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

1230.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Andrew Berman

Mailing Address 9630 Kenton Ave

City

Skokie

State

IL

Zip Code

60076-1216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 7 / 2 0 1 1

Transaction ID: D30E046F3F022DF63E5

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

John Bishop

Mailing Address 4707 Everhart Rd  
Ste 108

City

Corpus Christi

State

TX

Zip Code

78411-2751

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 1 / 2 0 1 1

Transaction ID: 910A44274AB595F7D68

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Kevin Blinder

Mailing Address 1600 S Brentwood Blvd  
Ste 800

City

Saint Louis

State

MO

Zip Code

63144-1317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 4 / 2 0 1 1

Transaction ID: EF8035AD-875C-4CE4-

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

1095.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Christopher Blodi

Mailing Address 1501 50th St  
Ste 133

City State Zip Code  
West Des Moines IA 50266-5920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 1 / 2 0 1 1

Transaction ID: 43C88EF0C0F92413F97

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Steven Bodine

Mailing Address 915 Palmer Rd  
Retina Consultations

City State Zip Code  
Bronxville NY 10708-3304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 8 / 2 0 1 1

Transaction ID: 4C39AE5BB12C68B6827A

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

David Bogorad

Mailing Address 1120 15th St

City State Zip Code  
Augusta GA 30912-0004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.69

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 2 / 2 0 1 1

Transaction ID: 4DDAABDE64C42AFC6C7A

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

448.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Chadwick Brasington

Mailing Address 1016 Kirkpatrick Rd

City

Burlington

State

NC

Zip Code

27215-9714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.87

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 7 / 2 0 1 1

Transaction ID: 418D9A2CEB57CB4D6B25

Amount of Each Receipt this Period

30.41

**B.**

Full Name (Last, First, Middle Initial)

Frank Burns

Mailing Address 13324 Shelbyville Rd

City

Louisville

State

KY

Zip Code

40223-3936

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 6 / 2 0 1 1

Transaction ID: 4EEB9EF752DD35E921E7

Amount of Each Receipt this Period

83.34

**C.**

Full Name (Last, First, Middle Initial)

Ronald Caronia

Mailing Address 360 Merrick Rd  
Fl 3

City

Lynbrook

State

NY

Zip Code

11563-2526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 5 / 2 0 1 1

Transaction ID: 35D661D86FB41477A8D

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

478.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Jose Carro Soto

Mailing Address PO Box 9924

City

Arecibo

State

Se

Zip Code

00613-9924

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 1 / 2 0 1 1

Transaction ID: 6F0D9233354F03C0BB9

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Keith Carter

Mailing Address 200 Hawkins Dr

City

Iowa City

State

IA

Zip Code

52242-1007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 1 1

Transaction ID: 451AAD948E7EDB3C6EF2

Amount of Each Receipt this Period

83.34

**C.**

Full Name (Last, First, Middle Initial)

Denise Chamblee

Mailing Address 10 Jacobs Ln

City

Newport News

State

VA

Zip Code

23606-2815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 361A38FD60AAD291D7D

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

813.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Peter Chen

Mailing Address 40 Elizabeth St  
Ste 508

City State Zip Code  
New York NY 10013-5608

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 8 / 2 0 1 1

Transaction ID: A42424110FBB641B362

Amount of Each Receipt this Period

30.42

**B.**

Full Name (Last, First, Middle Initial)

Philip Chen

Mailing Address 325 9th Ave  
# 359608

City State Zip Code  
Seattle WA 98104-2420

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 7 / 2 0 1 1

Transaction ID: 861EA3CE-D39E-4BA4-

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Donald Cinotti

Mailing Address 600 Pavonia Ave  
Ste 6

City State Zip Code  
Jersey City NJ 07306-2932

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 8 / 2 0 1 1

Transaction ID: 4829854422F02574BF42

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1130.42

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 74

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

S. William William Clark

Mailing Address 502 Isabella St

City

Waycross

State

GA

Zip Code

31501-3638

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2916.62

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	1

Transaction ID: 4F4BB8E96BFE97FE4782

Amount of Each Receipt this Period

416.66

**B.**

Full Name (Last, First, Middle Initial)

Brian Connolly

Mailing Address 28 Delancey Ct

City

Pittsford

State

NY

Zip Code

14534-2700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	1		2	0	1	1

Transaction ID: B3A8AC51B13FAE44825

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Russell Crain

Mailing Address 11011 Hefner Pointe Dr  
Ste B

City

Oklahoma City

State

OK

Zip Code

73120-5005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	1	1

Transaction ID: 7669824A0AFB3ADD7D9

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

831.66

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Thomas Crawford

Mailing Address 5050 NE Hoyt St  
Ste 445

City State Zip Code  
Portland OR 97213-2984

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 1 / 2 0 1 1

Transaction ID: EF957B5AB1670CD51C9

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Victor Crosby

Mailing Address 140 Trinity Pl  
Bldg B

City State Zip Code  
Athens GA 30607-2100

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 5 / 2 0 1 1

Transaction ID: F3EE7B9E63B70D6C00E

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Terry Croyle

Mailing Address 2375 S Main St

City State Zip Code  
Moultrie GA 31768-6517

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 1 / 2 0 1 1

Transaction ID: 45E49CB1FBAE5442518D

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

760.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Terry Croyle

Mailing Address 2375 S Main St

City

Moultrie

State

GA

Zip Code

31768-6517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 1 / 2 0 1 1

Transaction ID: FEC0D32DA7B9473D13C

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Martha Damaske Snearly

Mailing Address 8055 Twin Oaks Dr

City

Broadview Heights

State

OH

Zip Code

44147-1035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: E310A5D917DF39FFBF9

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Bill Davenport

Mailing Address 2090 SE Ocean Blvd

City

Stuart

State

FL

Zip Code

34996-3304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 1 / 2 0 1 1

Transaction ID: 242028D6BFE09751DB3

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

1095.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Anna Luisa Di Lorenzo

Mailing Address 2877 Crooks Rd  
Ste B

City State Zip Code  
Troy MI 48084-4717

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3208.34

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 5 / 2 0 1 1

Transaction ID: A455840AA7444A4E714

Amount of Each Receipt this Period

208.34

**B.**

Full Name (Last, First, Middle Initial)

Joseph Doe

Mailing Address 4016 W Main St

City State Zip Code  
Kalamazoo MI 49006-2745

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 8 / 2 0 1 1

Transaction ID: 40A29455B24D35AFA13F

Amount of Each Receipt this Period

30.42

**C.**

Full Name (Last, First, Middle Initial)

Linda Dressler

Mailing Address 3930 Pender Dr  
Ste 10

City State Zip Code  
Fairfax VA 22030-0986

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 1 1

Transaction ID: 27534246FDE76820FC5

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

603.76

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 74

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Paul Dunn

Mailing Address 275 Harvard St

City

Fall River

State

MA

Zip Code

02720-4125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	1	1

Transaction ID: 78997D950AA2AAE5C15

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Malcolm Edwards

Mailing Address 1240 Colonial Commons Ct

City

Lancaster

State

SC

Zip Code

29720-2200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	1

Transaction ID: F5186DEC7B13E923297

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Elman

Mailing Address 9114 Philadelphia Rd  
Ste 310

City

Baltimore

State

MD

Zip Code

21237-4350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	1	1

Transaction ID: F818B3DD4EC9B8B00A4

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional) .....

1095.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Randy Ennen

Mailing Address 3312 S 70th St

City

Fort Smith

State

AR

Zip Code

72903-5052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 5 / 2 0 1 1

Transaction ID: DEBC5C336522AAB791E

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

William Epstein

Mailing Address 648 N Main St

City

Ashland

State

OR

Zip Code

97520-1710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 8 / 2 0 1 1

Transaction ID: 0E03F093E249E010254

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Suzanne Everhart

Mailing Address 204 Virginia St

City

Ashland

State

VA

Zip Code

23005-2049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 5 / 2 0 1 1

Transaction ID: 8ADC714C6BF1A8A1044

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

C. Byron Faulkner

Mailing Address 4804 S Bellhurst Ave

City

Springfield

State

MO

Zip Code

65804-7594

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 1 / 2 0 1 1

Transaction ID: 6FB806D3691916D67CD

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Claus Fichte

Mailing Address 4202 River Rd

City

Youngstown

State

NY

Zip Code

14174-9753

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 5 / 2 0 1 1

Transaction ID: C3F3B1708F4CFF8C418

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

James Finegan

Mailing Address 236 Roseberry St

City

Phillipsburg

State

NJ

Zip Code

08865-1632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 7 / 2 0 1 1

Transaction ID: 424496A9664577AE7ECA

Amount of Each Receipt this Period

83.34

**SUBTOTAL** of Receipts This Page (optional) .....

813.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

James Finegan

Mailing Address 236 Roseberry St

City

Phillipsburg

State

NJ

Zip Code

08865-1632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 5 / 2 0 1 1

Transaction ID: F06E6700AF8A4454DDF

Amount of Each Receipt this Period

83.34

**B.**

Full Name (Last, First, Middle Initial)

Samuel Friedel

Mailing Address 827 Linden Ave

City

Baltimore

State

MD

Zip Code

21201-4606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 8 / 2 0 1 1

Transaction ID: DA361E762C53BC906DA

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Gretchen Fuerste

Mailing Address 20922 Country Squire Ln

City

Dubuque

State

IA

Zip Code

52001-8002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: C4A0A4BACBCC19941BB

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

948.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Ilona Genis

Mailing Address 3039 Ocean Pkwy

City

Brooklyn

State

NY

Zip Code

11235-8378

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 5 / 2 0 1 1

Transaction ID: 4A307C2DE044D7A81D7

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Blake Geren

Mailing Address 3120 S 57th St

City

Fort Smith

State

AR

Zip Code

72903-4720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 1 / 2 0 1 1

Transaction ID: 1D6032812D7D031538B

Amount of Each Receipt this Period

415.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Gilbert

Mailing Address 12301 NE 10th Pl  
Ste 200

City

Bellevue

State

WA

Zip Code

98005-2487

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 3 / 2 0 1 1

Transaction ID: 4E4FB4929FDB7282A6DF

Amount of Each Receipt this Period

83.34

**SUBTOTAL** of Receipts This Page (optional) .....

748.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Robert Gilliam

Mailing Address PO Box 3330

City

Victoria

State

TX

Zip Code

77903-3330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 1 / 2 0 1 1

Transaction ID: AF31A22A845CAA5584F

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Gina Gladstein

Mailing Address 4 Dearfield Dr

City

Greenwich

State

CT

Zip Code

06831-5351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 5 / 2 0 1 1

Transaction ID: 0BDC2318C45C0A8FD61

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ravi Goel

Mailing Address 741 Marlton Pike W

City

Cherry Hill

State

NJ

Zip Code

08002-3527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 6 / 2 0 1 1

Transaction ID: D7F5F814-6EC4-45E3-

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1115.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Richard Golub

Mailing Address 5237 E Charleston Ave

City

Scottsdale

State

AZ

Zip Code

85254-7649

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 3 / 2 0 1 1

Transaction ID: 5FD52C7D-7880-4281-

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

John Douglas Goosey

Mailing Address 6545 Rutgers Ave

City

Houston

State

TX

Zip Code

77005-3850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 8 / 2 0 1 1

Transaction ID: 4DAEABCB35C814E5DA16

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Edward Graul

Mailing Address 251 Moosa Blvd

City

Eunice

State

LA

Zip Code

70535-3638

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.01

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 1 / 2 0 1 1

Transaction ID: B35044BF634E14D3518

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

830.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Erich Groos

Mailing Address 2400 Patterson St  
Ste 201

City State Zip Code  
Nashville TN 37203-1587

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y  
07 / 15 / 2011

Transaction ID: 4B82A7F424D4FF3B260

Amount of Each Receipt this Period

83.34

**B.**

Full Name (Last, First, Middle Initial)

John Haley

Mailing Address 1626 Forest Ln S  
Ste B

City State Zip Code  
Garland TX 75042-7943

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2011

Transaction ID: 0334CA07E0DC97A287F

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Donald Hall, Jr.

Mailing Address 3303 Indiana Ave

City State Zip Code  
Vicksburg MS 39180-4540

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 11 / 2011

Transaction ID: EE253D21767ECAA974

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

1448.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Robert Harbin

Mailing Address 550 Redmond Rd NW

City

Rome

State

GA

Zip Code

30165-1416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 370B8ED3C1F600B644A

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Thomas Harbin

Mailing Address 3225 Cumberland Blvd SE  
Ste 900

City

Atlanta

State

GA

Zip Code

30339-5971

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 1 / 2 0 1 1

Transaction ID: A184EABA335F4E04E89

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

David Harris, Jr.

Mailing Address 1928 Alcoa Hwy  
Ste 324

City

Knoxville

State

TN

Zip Code

37920-1505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1250.02

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 5 / 2 0 1 1

Transaction ID: 34CFD0E80D58D8424CE

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1865.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 74

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Walter Hartel

Mailing Address 89 Sylvania Dr  
Southern Ohio Medical ParkCity State Zip Code  
Beavercreek OH 45440-3281FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SelfOccupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	1	1

Transaction ID: B2FF672D0E63C384A19

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Weldon Havins

Mailing Address 88 Ancient Hills Ln

City State Zip Code  
Henderson NV 89074-1750FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SelfOccupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	8	/	2	0	1	1

Transaction ID: 2177055457B091232B1

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Richard Hawkins

Mailing Address 1729 New Hanover Medical Park Dr

City State Zip Code  
Wilmington NC 28403-5345FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SelfOccupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	1	/	2	0	1	1

Transaction ID: 414A9A1CC3B89A78BECA

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

780.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Marnix Heersink

Mailing Address 2800 Ross Clark Cir

City

Dothan

State

AL

Zip Code

36301-2040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 0 / 2 0 1 1

Transaction ID: 2D5C9DB813336E3B7F9

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Wesley Herman

Mailing Address 5421 La Sierra Dr

City

Dallas

State

TX

Zip Code

75231-4107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 1 1

Transaction ID: 4F73C073CAC06FF4D44

Amount of Each Receipt this Period

415.00

**C.**

Full Name (Last, First, Middle Initial)

W. Jackson Iliff

Mailing Address 8109 Ritchie Hwy

City

Pasadena

State

MD

Zip Code

21122-6917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 1 1

Transaction ID: 45F6A7AE418ACF40CDF2

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

1465.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Johanna Jensen

Mailing Address 1615 12th Ave Rd  
Ste A

City State Zip Code  
Nampa ID 83686-6184

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 6 / 2 0 1 1

Transaction ID: 1DEDEC28-A4B5-4DBF-

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Randolph Johnston

Mailing Address 1300 E 20th St

City State Zip Code  
Cheyenne WY 82001-4021

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 1 1

Transaction ID: 48FABC8D88880C4C8A08

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Emilio Justo

Mailing Address 19052 N R H Johnson Blvd

City State Zip Code  
Sun City West AZ 85375-4401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 6 / 2 0 1 1

Transaction ID: 448995B95213F94E5EFB

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional) .....

630.42

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 74

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Henry Kaplan

Mailing Address 301 E Muhammad Ali Blvd

City

Louisville

State

KY

Zip Code

40202-1511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	1

Transaction ID: 742C6C2A1C5A871E386

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Jean Katow

Mailing Address 420 E 3rd St  
Ste 603

City

Los Angeles

State

CA

Zip Code

90013-1645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	1

Transaction ID: 4F66BF791870921322A

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

William Kilpatrick

Mailing Address 7550 E 2nd St

City

Scottsdale

State

AZ

Zip Code

85251-4504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	1	1

Transaction ID: 16E3D24F-49C9-40C9-

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional) .....

1095.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

James Kinyoun

Mailing Address 325 9th Ave  
# 359608

City State Zip Code  
Seattle WA 98104-2420

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 8 / 2 0 1 1

Transaction ID: 53E2F4D0E9FCE045275

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Steven Kirkham

Mailing Address 1462 Marion Waldo Rd  
Marion Eye Center

City State Zip Code  
Marion OH 43302-7422

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 1 / 2 0 1 1

Transaction ID: 95E0AD85-ABF3-43B4-

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

John Kitchens

Mailing Address 120 N Eagle Creek Dr  
Ste 500

City State Zip Code  
Lexington KY 40509-1827

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 1 / 2 0 1 1

Transaction ID: 837ACA76A48200E1E72

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

1365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

James Klein

Mailing Address 21711 Greater Mack Ave

City

Saint Clair Shores

State

MI

Zip Code

48080-2418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 5 / 2 0 1 1

Transaction ID: 4A7894239D23690FE7D4

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Craig Kliger

Mailing Address 100 Galewood Cir

City

San Francisco

State

CA

Zip Code

94131-1132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 4 / 2 0 1 1

Transaction ID: 490AA1E50C0B562E16E5

Amount of Each Receipt this Period

30.42

**C.**

Full Name (Last, First, Middle Initial)

Paul Koch

Mailing Address 566 Toll Gate Rd

City

Warwick

State

RI

Zip Code

02886-2716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 1 1

Transaction ID: 1910EADB83B6AA0ABCB

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

495.42

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 74

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Stephen Kondash

Mailing Address 2841 Boudinot Ave  
Ste 300City State Zip Code  
Cincinnati OH 45238-2496FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	5	/	2	0	1	1

Transaction ID: AE431FDC391B70A51E8

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Douglas Kopp

Mailing Address 2222 W 24th St  
Unit 10City State Zip Code  
Plainview TX 79072-1802FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	8	/	2	0	1	1

Transaction ID: 48A8B88368B6D744A028

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Kristine Kunesh-Part

Mailing Address 2601 Far Hills Ave

City State Zip Code  
Dayton OH 45419-1634FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	1	1

Transaction ID: DCC32C942657FB3E1AD

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional) .....

780.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Gregory Kwasny

Mailing Address 2300 N Mayfair Rd  
Ste 1030

City State Zip Code  
Milwaukee WI 53226-1556

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 5 / 2 0 1 1

Transaction ID: 3198C0CB3C1AD47E89A

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Scott Lanoux

Mailing Address 2820 Napoleon Ave  
Ste 900

City State Zip Code  
New Orleans LA 70115-8200

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 5 / 2 0 1 1

Transaction ID: EE72989F9A84CCAC188

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Rick Leoni

Mailing Address 203 Rue Louis XIV  
Ste A

City State Zip Code  
Lafayette LA 70508-5736

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 1 1

Transaction ID: BE92F8598385BAC4096

Amount of Each Receipt this Period

575.00

**SUBTOTAL** of Receipts This Page (optional) .....

1440.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Andrew Levada

Mailing Address 1201 W Main St  
Ste 100

City State Zip Code  
Waterbury CT 06708-3105

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 14 / 2011

Transaction ID: D10F9A101AF3628B3A9

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Gerald Loushin

Mailing Address 12000 Elm Creek Blvd N  
Ste 100

City State Zip Code  
Maple Grove MN 55369-7074

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 01 / 2011

Transaction ID: 908579D00B36134FD93

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Masud Malik

Mailing Address 3865 N Mulford Rd

City State Zip Code  
Rockford IL 61114-5603

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y  
07 / 15 / 2011

Transaction ID: F3B945C0B32E3EE927F

Amount of Each Receipt this Period

83.34

**SUBTOTAL** of Receipts This Page (optional) .....

813.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Delia Manjoney

Mailing Address 2720 Main St

City

Bridgeport

State

CT

Zip Code

06606-5363

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 1 1

Transaction ID: 841128C089F1A2D7FE8

Amount of Each Receipt this Period

4000.00

**B.**

Full Name (Last, First, Middle Initial)

Mark Mannis

Mailing Address 4860 Y St

Uc Davis Department of Ophthalmolo

City

Sacramento

State

CA

Zip Code

95817-2307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 0 / 2 0 1 1

Transaction ID: 49F2B054F2C613A7910

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Benjamin Mason

Mailing Address 1110 Eagle Ridge Rd

City

Cedar Falls

State

IA

Zip Code

50613-1514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

383.34

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 9 / 2 0 1 1

Transaction ID: 48949DF3C2675869879F

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

4406.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Charles McCormick, III

Mailing Address 30 N Emerson Ave

City

Greenwood

State

IN

Zip Code

46143-8895

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 1 / 2 0 1 1

Transaction ID: 2CEA65E6B29FDF9AED4

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

John McGetrick

Mailing Address 635 1st St N  
Gessler Clinic

City

Winter Haven

State

FL

Zip Code

33881-4129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 8 / 2 0 1 1

Transaction ID: 3035463113B579E2FD7

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Carl Miglizzo

Mailing Address 7504 Antioch Rd

City

Overland Park

State

KS

Zip Code

66204-2622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 1 / 2 0 1 1

Transaction ID: F862ED0BEDDE1F4A783

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Michael Edward Edward Migliori

Mailing Address 120 Dudley St  
Ste 301

City State Zip Code  
Providence RI 02905-2429

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 49998649B3EDE04CA281

Amount of Each Receipt this Period

83.34

**B.**

Full Name (Last, First, Middle Initial)

Aaron Miller

Mailing Address 13414 Medical Complex Dr  
Ste 4

City State Zip Code  
Tomball TX 77375-3333

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 1

Transaction ID: 497F995CBE302197FC55

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Carl Minning, Jr.

Mailing Address 2935 Maple Ave

City State Zip Code  
Zanesville OH 43701-1487

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: AFD9AA6363B6F5692E9

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1133.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Amalia Miranda

Mailing Address 3435 NW 56th St  
Building A # 700

City State Zip Code  
Oklahoma City OK 73112-4448

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 1 1

Transaction ID: 4211B56D2912D371D94D

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

David Misch

Mailing Address 250 Avenue K SW  
Ste 200

City State Zip Code  
Winter Haven FL 33880-3919

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 8 / 2 0 1 1

Transaction ID: 79E02F398A69A481E2E

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Craig Morgan

Mailing Address 1611 13th Ave

City State Zip Code  
Huntington WV 25701-3811

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 1 1

Transaction ID: D20AAFAE82D4B690CE4

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Paul Moyer

Mailing Address 520 Bruton Cir

City

Kettering

State

OH

Zip Code

45429-1624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 5 / 2 0 1 1

Transaction ID: 2FF56E6C2B0834319D0

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Michael O'Brien

Mailing Address 618 Toll Gate Rd

City

Warwick

State

RI

Zip Code

02886-2717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 1 1

Transaction ID: F8AD86A9AED035BACD6

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Stephen O'Connell

Mailing Address 340 Hulse Rd  
Naval Aerospace Medical Institute

City

Pensacola

State

FL

Zip Code

32508-1089

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 9 / 2 0 1 1

Transaction ID: 422E894AE12DEB2427E3

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

906.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Kelly Patrick O'Neill

Mailing Address 563 Wessel Dr

City

Fairfield

State

OH

Zip Code

45014-3668

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 1 1

Transaction ID: 456D957EFF1456F63D4F

Amount of Each Receipt this Period

83.34

**B.**

Full Name (Last, First, Middle Initial)

Carolyn Oesterle

Mailing Address 2015 N Main St

City

Wheaton

State

IL

Zip Code

60187-3152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 5 / 2 0 1 1

Transaction ID: 579F3530AF3EB8BC802

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Paul Olson

Mailing Address 1055 N 300 W  
Ste 204

City

Provo

State

UT

Zip Code

84604-3374

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1458.38

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 0 / 2 0 1 1

Transaction ID: 1B0E124810A55741D1E

Amount of Each Receipt this Period

208.34

**SUBTOTAL** of Receipts This Page (optional) .....

791.68

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Randall Olson

Mailing Address 65 Mario Capecchi Dr

City

Salt Lake City

State

UT

Zip Code

84132-0005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 0 / 2 0 1 1

Transaction ID: CBC6B9D13DBF3C55CCC

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Richard Ou

Mailing Address 3929 Marquette St

City

Houston

State

TX

Zip Code

77005-4311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 7 / 2 0 1 1

Transaction ID: B263E22D-D7C8-4BA9-

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

John Park

Mailing Address 2177 Oak Tree Rd  
Ste 203

City

Edison

State

NJ

Zip Code

08820-1082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 5 / 2 0 1 1

Transaction ID: DC287FDAE4246887E5D

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

1230.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Robert Park

Mailing Address 1 Vanderbilt Park Dr  
Ste 150

City State Zip Code  
Asheville NC 28803-1764

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y  
07 / 27 / 2011

Transaction ID: 98FEA676D1AC1226DD6

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Stephen Pascucci

Mailing Address 9089 Terranova Dr

City State Zip Code  
Naples FL 34109-4370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 20 / 2011

Transaction ID: 9A8E1A517487F7ECF2E

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Harpreet Nini Patheja

Mailing Address 110 Pepper Hill Way

City State Zip Code  
Aiken SC 29801-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 05 / 2011

Transaction ID: BFDD67506FED30B0688

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1041.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Peter Pavan

Mailing Address 4414 W Dale Ave

City

Tampa

State

FL

Zip Code

33609-3707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 716A0C69DD2A0938B85

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Ralph Paylor

Mailing Address 502 E New Haven Ave

City

Melbourne

State

FL

Zip Code

32901-5427

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 1 / 2 0 1 1

Transaction ID: 8FA61CCDBCAAEEFE5C9E

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Randall Peairs

Mailing Address 200 Mifflin Ave

City

Scranton

State

PA

Zip Code

18503-1982

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 1 1

Transaction ID: 503D71938186CB0FDC9

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

1230.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Julie Perry

Mailing Address 999 Adams St  
Ste 200

City State Zip Code  
Saint Helena CA 94574-1171

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 3 / 2 0 1 1

Transaction ID: 4D88A7AE34D484965242

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Dawn Phillips

Mailing Address 1280 Windham Pkwy

City State Zip Code  
Romeoville IL 60446-1673

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 792D2B1E67E563C5E6A

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Raizman

Mailing Address 50 Staniford St  
Ste 600

City State Zip Code  
Boston MA 02114-2539

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 8 / 2 0 1 1

Transaction ID: D26B6586BC28EB15E73

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1083.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Harvey Reiser

Mailing Address 945 Lantern Hill Rd

City

Shavertown

State

PA

Zip Code

18708-9474

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 5 / 2 0 1 1

Transaction ID: 2E287193CE3289B2F4E

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

David Richardson

Mailing Address 207 S Santa Anita Ave  
Ste P25

City

San Gabriel

State

CA

Zip Code

91776-1145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2219.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 6 / 2 0 1 1

Transaction ID: 421AA34FFBA20D05B915

Amount of Each Receipt this Period

317.00

**C.**

Full Name (Last, First, Middle Initial)

Andrew Riemer

Mailing Address 5959 Lawndale St

City

Ludington

State

MI

Zip Code

49431-2921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 1 / 2 0 1 1

Transaction ID: 46A34507653FDF7BC40

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

932.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 74

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Gregory Riffle

Mailing Address 9485 Mentor Ave  
Ste 110

City	State	Zip Code
Mentor	OH	44060-8724

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	8	/	2	0	1	1

Transaction ID: 75E854BF562720840F8

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

John Riffle

Mailing Address 594 Firestone Pl

City	State	Zip Code
Augusta	GA	30907-8955

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	8	/	2	0	1	1

Transaction ID: EC459CA072A18C91CDC

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

David Robinson

Mailing Address 18791 John J Williams Hwy

City	State	Zip Code
Rehoboth Beach	DE	19971-4401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	5	/	2	0	1	1

Transaction ID: 35844281855A94C24E0

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Muriel Rosa-DelGado

Mailing Address Parkville Terrace  
113 Alamo Drive

City State Zip Code  
Guaynabo PR 00969

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 7 / 2 0 1 1

Transaction ID: 72D0FA17C28F85A96F4

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

John Rosculet

Mailing Address 906 Windward Ct

City State Zip Code  
Neenah WI 54956-4276

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 5589D4924B43F517090

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Stanley Rous

Mailing Address 850 S Pine Island Rd  
Bldg A-100

City State Zip Code  
Plantation FL 33324-3118

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.23

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 8 / 2 0 1 1

Transaction ID: A06D959C1F3E4B40C5E

Amount of Each Receipt this Period

199.00

**SUBTOTAL** of Receipts This Page (optional) .....

1240.67

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 74

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Sina John Sabet

Mailing Address 5130 Duke St  
Ste 9

City	State	Zip Code
Alexandria	VA	22304-2955

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	1

Transaction ID: 81393B0002EEDD12EC1

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Steven Safran

Mailing Address 132 Franklin Corner Rd  
# A-1

City	State	Zip Code
Lawrenceville	NJ	08648-2523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	1	1

Transaction ID: 03534C86EF67B740FBF

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Gary Scholes

Mailing Address 345 College St SE  
Ste C

City	State	Zip Code
Lacey	WA	98503-1014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	1	1

Transaction ID: EE053E4DE030C80C67D

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional) .....

1230.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Jan Scruggs

Mailing Address 3401 Springhill Dr  
Ste 205

City State Zip Code  
North Little Rock AR 72117-2924

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 0058A5AB-F85D-4623-

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

John Sheppard

Mailing Address 241 Corporate Blvd

City State Zip Code  
Norfolk VA 23502-4965

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 1 / 2 0 1 1

Transaction ID: 3E831FC6FB617312584

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Richard Sherry

Mailing Address 2500 Grubb Rd  
Ste 234

City State Zip Code  
Wilmington DE 19810-4796

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 5 / 2 0 1 1

Transaction ID: F7CB16AB1531F93F384

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

1230.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Bradford Shingleton

Mailing Address 50 Staniford St  
Ste 600

City State Zip Code  
Boston MA 02114-2539

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: F978A4138DC3B64EDD7

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Edward Shubert

Mailing Address 17070 Red Oak Dr  
Ste 405

City State Zip Code  
Houston TX 77090-2616

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 5 / 2 0 1 1

Transaction ID: C84F4F6BFEA90CFC773

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

David Shulman

Mailing Address 999 E Basse Rd  
Ste 127

City State Zip Code  
San Antonio TX 78209-1802

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 4A539D58E02EC96A0E55

Amount of Each Receipt this Period

83.34

**SUBTOTAL** of Receipts This Page (optional) .....

813.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

John Simon

Mailing Address 1220 New Scotland Rd  
Ste 202

City State Zip Code  
Slingerlands NY 12159-9386

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 1 / 2 0 1 1

Transaction ID: 1A6C3F9C141549A4EC6

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Ronald Smith

Mailing Address 3624 Kinney Cir

City State Zip Code  
Los Angeles CA 90065-3529

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 1 / 2 0 1 1

Transaction ID: C9D00F5015D5752077B

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Scott So

Mailing Address 2100 Webster St  
Ste 214

City State Zip Code  
San Francisco CA 94115-2375

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 9 / 2 0 1 1

Transaction ID: 486399297ABC9C7ADF61

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

830.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Susan Stegeman

Mailing Address 301 N 8th St

Springfield Eye Consultants Pc, St

City

Springfield

State

IL

Zip Code

62701-1064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.87

Date of Receipt

M M / D D / Y Y Y Y  
07 / 14 / 2011

Transaction ID: 4683AF53A74DC00879EA

Amount of Each Receipt this Period

30.41

**B.**

Full Name (Last, First, Middle Initial)

Robert Stephens

Mailing Address 6410 Rockledge Dr

Ste 400

City

Bethesda

State

MD

Zip Code

20817-1842

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 05 / 2011

Transaction ID: B7001734B179C0D741F

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Donald Stone

Mailing Address 748 Tuscany Way

City

Edmond

State

OK

Zip Code

73034-6786

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 02 / 2011

Transaction ID: 43488E1FE08753A8B5DE

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

445.41

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 74

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Brad Stuckenschneider

Mailing Address 3398 Legacy Dr

City

Poplar Bluff

State

MO

Zip Code

63901-8661

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	4	/	2	0	1	1

Transaction ID: 0F1F77D375C399B8A24

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

James Su

Mailing Address 2103 E Griffin Pkwy  
Ste B

City

Mission

State

TX

Zip Code

78572-3490

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	1	/	2	0	1	1

Transaction ID: CDAA9040-9F2C-4C2D-

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Shigemi Sugiki

Mailing Address 1380 Lusitana St  
Ste 714

City

Honolulu

State

HI

Zip Code

96813-2443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	1	/	2	0	1	1

Transaction ID: 681AA2CF618727858FF

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2365.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Regina Sun

Mailing Address 1919 Vassar St  
Apt B

City State Zip Code  
Houston TX 77098-5454

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 1 1

Transaction ID: 4BAEB87D42033CC0B0BE

Amount of Each Receipt this Period

83.34

**B.**

Full Name (Last, First, Middle Initial)

Mark Szal

Mailing Address 248 Pleasant St  
Ste 1600

City State Zip Code  
Concord NH 03301-2588

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 1 / 2 0 1 1

Transaction ID: 56837BE2D9BD670B667

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Marvin Talansky

Mailing Address 21 S Arlene Dr

City State Zip Code  
West Long Branch NJ 07764-1157

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 724148DEC29DE5F396E

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

813.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Gary Tanner

Mailing Address 10 Jacobs Ln

City

Newport News

State

VA

Zip Code

23606-2815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 9 / 2 0 1 1

Transaction ID: 4B05AB564B3B167A3EA1

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Hiralal Tekwani

Mailing Address 9911 Kennerly Rd

City

Saint Louis

State

MO

Zip Code

63128-2700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 1 / 2 0 1 1

Transaction ID: FEAEAAA3B7FF1C0C336

Amount of Each Receipt this Period

199.00

**C.**

Full Name (Last, First, Middle Initial)

Steven Thomas

Mailing Address 632 Morrison Springs Rd  
Ste 301

City

Chattanooga

State

TN

Zip Code

37415-3424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 767F4E13ED29B4964E6

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

614.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Donald Tingley

Mailing Address 1015 Ridge Rd

City

Webster

State

NY

Zip Code

14580-2907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 5 / 2 0 1 1

Transaction ID: D560DD47ECE1FD85537

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Treft

Mailing Address 1580 W Antelope Dr  
Ste 175

City

Layton

State

UT

Zip Code

84041-1175

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 6 / 2 0 1 1

Transaction ID: 69CBE9CC-26FF-4CC3-

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Ronald Vanderlugt

Mailing Address 1717 Shaffer St  
Borgess N Prof Building, Ste 207

City

Kalamazoo

State

MI

Zip Code

49048-1625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 8 / 2 0 1 1

Transaction ID: 62E23356C0594F9002D

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

1230.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Michael Versackas

Mailing Address 1212 Pleasant St  
Ste 202

City State Zip Code  
Des Moines IA 50309-1411

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 5 / 2 0 1 1

Transaction ID: 4D3F9106670655D93C1

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Michael Vrabec

Mailing Address 21 Park Pl

City State Zip Code  
Appleton WI 54914-8872

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 1 1

Transaction ID: 72DEFF994272DC02CD7

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

William Thomas Walton

Mailing Address 13919 Bluff Wind

City State Zip Code  
San Antonio TX 78216-7923

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 8 / 2 0 1 1

Transaction ID: DE7ECE21AD30B8D8E21

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

1541.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Thomas Peter Ward

Mailing Address 18 Old Stone Xing

City

West Hartford

State

CT

Zip Code

06117-1859

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 1 1

Transaction ID: 4F31B7E59F9E29C1EA12

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

William Waterhouse

Mailing Address 2478 Patterson Rd  
Ste 7

City

Grand Junction

State

CO

Zip Code

81506-1964

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 5 / 2 0 1 1

Transaction ID: 5F783D5AEFBDA156C82

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Aaron Weingeist

Mailing Address 3934 S Americus St

City

Seattle

State

WA

Zip Code

98118-1640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 5 / 2 0 1 1

Transaction ID: 413F80AC101326DB6522

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 74

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Daniel Welch

Mailing Address 407 Avenue K SE

City

Winter Haven

State

FL

Zip Code

33880-4126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	1		2	0	1	1

Transaction ID: AC8A85EF64EE4D06B1A

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Andrew Westfall

Mailing Address 2450 12th St SE

City

Salem

State

OR

Zip Code

97302-2152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	1		2	0	1	1

Transaction ID: 8C2CC19570E51676A92

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Maynard Wheeler

Mailing Address PO Box 538  
10 Sandy Brae

City

Graham

State

NH

Zip Code

03753-0538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	5		2	0	1	1

Transaction ID: AC1FA91F94A6665ED4F

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional) .....

1865.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

William White

Mailing Address 1004 Carondelet Dr  
Ste 405

City State Zip Code  
Kansas City MO 64114-4801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 1 1

Transaction ID: 1C9823505C703F2145F

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Wayne Whitmore

Mailing Address 116 E 68th St

City State Zip Code  
New York NY 10065-5955

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 5 / 2 0 1 1

Transaction ID: 0BDC359A18F50AD20CE

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Paul Wiesner

Mailing Address 1800 E Pavilion Pl  
Unit B

City State Zip Code  
Montrose CO 81401-5499

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 8 / 2 0 1 1

Transaction ID: 9DB34785209631BB358

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

3365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Joseph Wilhelm

Mailing Address 702 W Lake Lansing Rd

City

East Lansing

State

MI

Zip Code

48823-8526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 8 / 2 0 1 1

Transaction ID: 30F2613C1B6B3BCEA87

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Wing

Mailing Address 1551 Renaissance Towne Dr  
Ste 340

City

Bountiful

State

UT

Zip Code

84010-7670

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 5 / 2 0 1 1

Transaction ID: 0FD6873DCEB7C9396A4

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

James J. Wong

Mailing Address 102 East Ave

City

Norwalk

State

CT

Zip Code

06851-5010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 8 / 2 0 1 1

Transaction ID: B9B90C5C68DD653CE0A

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 74

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Thomas Yau

Mailing Address 1109 Spring St  
Ste 306

City State Zip Code  
Silver Spring MD 20910-4030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 1 / 2 0 1 1

Transaction ID: 811ED7ED-EF83-48D7-

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Steven Zelko

Mailing Address 309 W Quinto St

City State Zip Code  
Santa Barbara CA 93105-5318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 0 / 2 0 1 1

Transaction ID: 0EF75B12C2D4A3B8D03

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Carol Ziel

Mailing Address 2025 Frontis Plaza Blvd  
Ste 100

City State Zip Code  
Winston Salem NC 27103-5663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.37

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 0 / 2 0 1 1

Transaction ID: 4347BA86799EBD2CD201

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

1406.67

**TOTAL** This Period (last page this line number only) .....

72046.61

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 74

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Kevin Cox

Mailing Address 635 Robert E Lee Ave

City

Elkins

State

WV

Zip Code

26241-3282

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 1 1

Transaction ID: 38DC3A0BE0B4739D5E4

Amount of Each Receipt this Period

365.00

corporate check

**SUBTOTAL** of Receipts This Page (optional) .....

365.00

**TOTAL** This Period (last page this line number only) .....

365.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 66 / 74

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A.	<b>Transaction ID:</b> ABBCE2B86B5BBB5CCFD <b>Date of Disbursement</b>																				
Mailing Address PO Box 63020	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	1		2	0	1	1												
City San Francisco State CA Zip Code 94163	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement AMEX discount - July 2011 Candidate Name	<table border="1"> <tr> <td colspan="10">544.66</td> </tr> </table>	544.66																			
544.66																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 001																					
<b>B.</b> Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A.	<b>Transaction ID:</b> C346BBB9A8DD576385A <b>Date of Disbursement</b>																				
Mailing Address PO Box 63020	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	1		2	0	1	1												
City San Francisco State CA Zip Code 94163	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Bank charges - July 2011 Candidate Name	<table border="1"> <tr> <td colspan="10">292.67</td> </tr> </table>	292.67																			
292.67																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 001																					

**SUBTOTAL** of Disbursements This Page (optional) .....

837.33

**TOTAL** This Period (last page this line number only) .....

837.33

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 67 / 74

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Becerra for Congress	<b>Transaction ID:</b> 72868-2076532244682 <b>Date of Disbursement</b>
Mailing Address PO Box 261060	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 0 / 2 0 1 1</div> </div>
City Los Angeles State CA Zip Code 90026	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 2012 Primary Contribution	<div> <div>2500.00</div> </div>
Candidate Name Xavier Becerra	<div> <div>011</div> <div>Category/Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Cantor for Congress	<b>Transaction ID:</b> 81654-6855432391166 <b>Date of Disbursement</b>
Mailing Address PO Box 17813	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 7 / 2 0 1 1</div> </div>
City Richmond State VA Zip Code 23226	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 2012 Primary Contribution	<div> <div>2000.00</div> </div>
Candidate Name Eric Ivan Cantor	<div> <div>011</div> <div>Category/Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Charles A. Gonzalez Congressional Campaign	<b>Transaction ID:</b> 72868-7988397479057 <b>Date of Disbursement</b>
Mailing Address PO Box 12612	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 0 / 2 0 1 1</div> </div>
City San Antonio State TX Zip Code 78212	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 2012 Primary Contribution	<div> <div>1000.00</div> </div>
Candidate Name Charles A. Gonzalez	<div> <div>011</div> <div>Category/Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 68 / 74

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy	<b>Transaction ID:</b> 25667-49413698911667 <b>Date of Disbursement</b>																				
Mailing Address PO Box 127	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	8		2	0	1	1												
City Cheshire State CT Zip Code 06410	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement void ck reported on 6/21/11.	<table border="1"> <tr> <td>-5000.00</td> </tr> </table>	-5000.00																			
-5000.00																					
Candidate Name Christopher S. Murphy	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Denham for Congress	<b>Transaction ID:</b> 72868-2664300799369 <b>Date of Disbursement</b>																				
Mailing Address 2150 River Plaza Dr., #150	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	0		2	0	1	1												
City Sacramento State CA Zip Code 95833	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2012 Primary Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Jeffrey Denham	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 19	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Engel for Congress	<b>Transaction ID:</b> 81654-6994134783744 <b>Date of Disbursement</b>																				
Mailing Address 462 California Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	7		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	7		2	0	1	1												
City Bronxville State NY Zip Code 10708	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2012 Primary Contribution	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Eliot L. Engel	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td>-2000.00</td> </tr> </table>	-2000.00																			
-2000.00																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td></td> </tr> </table>																				

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Cliff Stearns	<b>Transaction ID:</b> 72868-3377801775932 <b>Date of Disbursement</b>
Mailing Address PO Box 308	<div> <div>07</div> <div>20</div> <div>2011</div> </div>
City Silver Springs State FL Zip Code 34489	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 2012 Primary Contribution	<div>2500.00</div>
Candidate Name Clifford B. Stearns	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Joe Pitts	<b>Transaction ID:</b> 81654-6356927752494 <b>Date of Disbursement</b>
Mailing Address PO Box 775	<div> <div>07</div> <div>07</div> <div>2011</div> </div>
City Unionville State PA Zip Code 19375	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Joseph R. Pitts	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Sam Johnson	<b>Transaction ID:</b> 72868-8439142107963 <b>Date of Disbursement</b>
Mailing Address PO Box 860096	<div> <div>07</div> <div>20</div> <div>2011</div> </div>
City Plano State TX Zip Code 75086	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 2012 Primary Contribution	<div>1000.00</div>
Candidate Name Samuel Robert Johnson	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 03	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Fund for the Majority	<b>Transaction ID:</b> 72868-8467523455619 <b>Date of Disbursement</b>
Mailing Address 1212 S Victory Blvd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 0 / 2 0 1 1</div> </div>
City Burbank State CA Zip Code 91502	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution 2011	<div>2500.00</div>
Candidate Name Fund for the Majority	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	
<b>B.</b> Full Name (Last, First, Middle Initial) Latham for Congress	<b>Transaction ID:</b> 81654-1203271746635 <b>Date of Disbursement</b>
Mailing Address PO Box 8237	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 7 / 2 0 1 1</div> </div>
City Des Moines State IA Zip Code 50301	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 2012 Primary Contribution	<div>1000.00</div>
Candidate Name Tom Latham	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Lee Terry for Congress	<b>Transaction ID:</b> 72868-6179468035697 <b>Date of Disbursement</b>
Mailing Address PO Box 540098	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 0 / 2 0 1 1</div> </div>
City Omaha State NE Zip Code 68154	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement 2012 Primary Contribution	<div>1000.00</div>
Candidate Name Lee Terry	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 02 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Legpac Mailing Address 38 Ivy St., SE	<b>Transaction ID:</b> 81654-0984765887260 <b>Date of Disbursement</b> <div> <div>07</div> <div>07</div> <div>2011</div> </div>
City Washington State DC Zip Code 20003 Purpose of Disbursement 2011 Contribution Candidate Name Legpac Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	<b>Amount of Each Disbursement this Period</b> <div>5000.00</div> <div>011</div> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Michael Burgess for Congress Mailing Address PO Box 2334 City Denton State TX Zip Code 76202 Purpose of Disbursement 2012 Primary Contribution Candidate Name Michael Clifton Burgess Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 81654-0056268572807 <b>Date of Disbursement</b> <div>07</div> <div>07</div> <div>2011</div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <div>011</div> Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) New Pioneers Pac Mailing Address 228 S Washington St Ste 115 City Alexandria State VA Zip Code 22314 Purpose of Disbursement 2011 Contribution Candidate Name New Pioneers Pac Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	<b>Transaction ID:</b> 81654-9963342547416 <b>Date of Disbursement</b> <div>07</div> <div>07</div> <div>2011</div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <div>011</div> Category/ Type
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>7000.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Searchlight Leadership Fund</p> <p>Mailing Address 700 13th Street NW Suite 600</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Contribution 2011</p> <p>Candidate Name Searchlight Leadership Fund</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Contribution</p>	<p><b>Transaction ID:</b> 81654-2769433856010</p> <p>Date of Disbursement 07 / 07 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Sooners United for Leadership, Loyalty and You (SULLY) Fund</p> <p>Mailing Address PO Box 650552</p> <p>City Potomac Falls State VA Zip Code 20165</p> <p>Purpose of Disbursement 2011 Contribution</p> <p>Candidate Name Sooners United for Leadership, Loyalty and You (SULLY) Fund</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Contribution</p>	<p><b>Transaction ID:</b> 81654-4196893572807</p> <p>Date of Disbursement 07 / 07 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Sue Myrick for Congress</p> <p>Mailing Address PO Box 37091</p> <p>City Charlotte State NC Zip Code 28237</p> <p>Purpose of Disbursement 2012 Primary Contribution</p> <p>Candidate Name Sue Wilkins Myrick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Contribution</p>	<p><b>Transaction ID:</b> 72868-7813379168510</p> <p>Date of Disbursement 07 / 20 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

8500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Upton for All of Us	<b>Transaction ID:</b> 72868-4336358904838 <b>Date of Disbursement</b>																				
Mailing Address PO Box 490	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	0		2	0	1	1												
City State Zip Code St. Joseph MI 49085	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2012 Primary Contribution	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Fredrick Stephen Upton	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Vern Buchanan for Congress	<b>Transaction ID:</b> 81654-0177728533744 <b>Date of Disbursement</b>																				
Mailing Address PO Box 48928	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	7		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	7		2	0	1	1												
City State Zip Code Sarasota FL 34230	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2012 Primary Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Vernon Buchanan	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 13	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Whitfield for Congress Committee	<b>Transaction ID:</b> 81654-9094659686088 <b>Date of Disbursement</b>																				
Mailing Address PO Box 391	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	7		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	7		2	0	1	1												
City State Zip Code Hopkinsville KY 42241	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2012 Primary Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Edward Whitfield	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Wicker for Senate

Mailing Address PO Box 64

City  
Jackson

State  
MS

Zip Code  
39205

Purpose of Disbursement  
2012 Primary Contribution

Candidate Name  
Roger Frederick Wicker

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MS

District:

Transaction ID: 81654-2304193377494

Date of Disbursement

07 / 07 / 2011

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

34000.00